

Exhibit A

U.S. Department Of Justice
Federal Bureau of Prisons

Request For Administrative Remedy

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Brown, James W. 13407-021 C/South FCC Petrsburg
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - INMATE REQUEST: I am submitting this BP-9 to address the deprivation of my rights under the Constitution of the United States and other Federal Laws as a result of Executive Order No. 14168. My rights being denied include but are not limited to:

- * Transgender medical treatment, ie., Hormone Replacement Therapy & Laser Hair Removal;
- * Access to gender affirming undergarments, ie., bra's & panties;
- * Access to transgender commissary list and SPO to purchase such items as female undergarments, makeup, and other approved female hygiene items;
- * Pat Search exception (per PREA) and ID Marker;
- * Transgender support groups;
- * All other rights set forth in Program Statement 5200.08 (Transgender Offender Manual).

As resolution, I am requesting that the FBOP CEASE & DESIST enforcement and unlawful implementation of Executive Order 14168.

03/17/2025

DATE

gm/w. Pz

SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

Attachment A

Date/Time Issued: 3/11/25
To: 12/20/25
(Name)
By: [Signature]
(Reg. No.) 13407-021
(Staff)

**FEDERAL CORRECTIONAL COMPLEX
PETERSBURG, VIRGINIA
ADMINISTRATIVE REMEDY ATTEMPT AT INFORMAL RESOLUTION**

Program Statement 1330.17, Administrative Remedy Procedures for Inmates, requires an inmate, in most cases, to make an attempt at informal resolution prior to filing an administrative remedy. An inmate with a complaint should complete the first three sections below and submit the form to his Correctional Counselor.

1. Brown, James W. / 03/11/2025 / 13407-021
 Name & Date Reg. No. March 4, 2025
C-South
 Housing Unit Date Complaint Occurred

2. NATURE OF THE COMPLAINT (state briefly what the problem is and what you have done to resolve problem:
I am submitting this grievance to address the deprivation of my rights as a transgender inmate under the U.S. Constitution and other federal laws as a result of Presidential Executive Order 14168. This EO denies me my Medical Treatment, female undergarments, transgender commissary items, pat search exception, TRN-M2F SENIORITY status, photo ID marker, transgender support groups and all other rights set forth in FBOP Program statement 5200.08.
3. WHAT RESOLUTION DO YOU WANT?
Cease and Desist restrictions on all the aforementioned transgender rights.

**TO BE COMPLETED BY STAFF
THERE IS NO PROBLEM WHICH CANNOT BE INFORMALLY RESOLVED**

4. EFFORTS MADE BY STAFF TO RESOLVE PROBLEM (Include discussion of policy or problem with Inmate, contact with staff, etc.)
FCC PETERSBURG STAFF ARE FOLLOWING EXECUTIVE ORDER
CEO 14168.
5. COUNSELOR'S COMMENTS (Was problem informally resolved, If not why?):
CANNOT HANDLE ON MY OWN

[Signature] 3/12/25
 Correctional Counselor/Date

UNIT MANAGER REVIEW (If problem not informally resolved by Counselor, did you discuss problem with inmate in effort to resolve): ☒ YES ☐ NO

IF ANSWER YES (Was problem resolved?): ☐ YES ☒ NO

[Signature] 3/12/25
 Unit Manager/Date

Date Informal received from Inmate: _____ Date BP-9 Issued to Inmate: _____